

This fund is limited to students who have applied for admission to the ACTS Spiritual Companion Formation Program. Only one application is required <u>per academic year</u>. This fund may provide assistance of up to one-third (1/3) of the cost of the program. Funds will not be awarded retroactively if the application is not submitted to the business office prior to the deadlines. The deadline for this application is August 15th for consideration for the entire academic year.

Name:		DOB:	
Address:			Zip:
Email:	Phone:	Marital Status:	# of Dependents:
Parish name and address:			
Are you presently involved in the ACT	S Ministry of your parish? _	YesNo	
If yes, what is your main area of interest	st in the ACTS ministry?		
How will this program help you prepar	re for the ACTS ministry?		
Have you applied for admission to the	Oblate School of Theology? _	Yes No	
FINANCIAL INFORMATION			
The information you provide will be tro Office and the Scholarship Committee.		er and will be made	e available only to the Business
How did you learn about this scholarsh	ip?		
Where else have you sought financial a	id?		
Are you presently employed?			
If yes, provide Employer's Name and A	Address:		
Is your spouse employed?			
If yes, provide Employer's Name and A	Address:		
List your total household income and h	ousehold expenses?		
Please explain reason for your request	for financial assistance:		

I, (Print Name) _______ affirm that the information contained in this **Application** is true and correct to the best of knowledge. I understand that all information requested by and/or submitted with this application will be held in the strictest of confidence; however, by signing this form the applicant grants permission for the Business Office and Scholarship Committee to view pertinent financial and academic records.

Applicant Signature

Date

Application is due in Business Office by August 15st